

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Daniel</i>		05-01-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LT</i>	<i>36708</i>	5-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			
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25			
26			
27			
28			
29			
30			
31	+	✓	✓
32	+	✓	✓
33		✓	✓
34		✓	✓
35		✓	✓
36		0	0
37		✓	✓
38		✓	✓
39		✓	✓
40		✓	✓
41		✓	✓
42	✓	✓	+
43	N		
44	N		
45	N		
46	N		
47	N		
48	N		
49	N		
50	+	N	

Claim	Final	Original	Date
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61	+	✓	✓
62		✓	✓
63		✓	✓
64		✓	✓
65		✓	✓
66		✓	✓
67		✓	✓
68		✓	✓
69		✓	✓
70		✓	✓
71		✓	✓
72		✓	✓
73		✓	✓
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85		✓	✓
86		✓	✓
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88		✓	✓
89		✓	✓
90		✓	✓
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95		✓	✓
96		✓	✓
97		✓	✓
98		✓	✓
99		✓	✓
100		✓	✓

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
staple additional sheet here

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